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			L			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/517,734 TITLE OF INVENTION	12/08/2004 I: EB/SM SPLITTER HE	EAT RECOVERY	Slawomir A. Oleksy		696-268A	5926
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE TOTAL FEE(S) DUI	DATE DUE
nonprovisional	NO NO	\$1510	\$300	\$0	\$1810	11/30/2009
EXAM		ART UNIT	CLASS-SUBCLASS	7		
NGUYEN, TAM M		1797	585-441000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is Note.			data will appear on the patent. If an assignee is identified below, the document has been filed for			
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Stone & Webster, Inc. Houston, Texas						
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 区 C	orporation or other private gr	oup entity Government
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5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu		☐ h Applicant is no le	onger claiming SMA	LL ENTITY status. See 37 C	CFR 1 27(g)(2)
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Authorized Signature Life Factor			November 19 2009			
Typed or printed name Peter J. Fallon		Date				
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